

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/16/2021	Time of Crash 23:31 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 320 WASHINGTON ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000270		
License # --- St MA DOB/Age ---			Reg # 4980RM Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2015 Veh Make MAZDA Veh Config. 1 20								
Operator STEPANUK MARINA Last First Middle			Owner (Same as operator) Last First Middle								
Address 25 CHASE ST			Address								
City NEWTON State MA Zip 02459			City State Zip								
Insurance Company COMMERACE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22					
Citation # (If Issued)			Most Harmful Event 1 23			Most Harmful Event 1 23					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			Driver Contributing Code 1 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			Underride/Override 25 Towed N					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator			See Above			Operator					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 2014AX Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2017 Veh Make HONDA Veh Config. 1 20								
Operator MAILHIOT JENNIFER Last First Middle			Owner (Same as operator) Last First Middle								
Address 40 BEAVER ST			Address								
City FRANKLIN State MA Zip 02038			City State Zip								
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22					
Citation # (If Issued)			Most Harmful Event 1 23			Most Harmful Event 1 23					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 4 24 24			Driver Contributing Code 4 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator/Non-Motorist			See Above			Operator/Non-Motorist					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

320 WASHINGTON ST FOUR POINTS SHERATON HOTEL

VEHICLE 1 P.O.I. VEHICLE 2

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 was traveling west in the far left travel lane in front of 320 Washington St.

Vehicle 2 was traveling west in the second lane from left on in front of 320 Washington St.

Vehicle 2 attempted to change lanes and merge left into the far left travel lane when it collided with vehicle 1.

Vehicle 1 sustained minor damage to its passenger side front fender and wheel well and did not need a tow.

Vehicle 2 sustained damage to its front end and driver that disabled the vehicle from driving. Vehicle 2 was towed by AAA.

There were no injuries to either of the occupants.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

KEVIN DONOVAN NEWTON POLICE DEPT. 04/17/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00